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5 Attorneys for Plaintiff,  
6 Bud Minton

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8  
9 UNITED STATES DISTRICT COURT  
10 NORTHERN DISTRICT OF CALIFORNIA

11  
12 BUD MINTON,

13 Plaintiff,

14 vs.

15 DELOITTE AND TOUCHE USA LLP PLAN,

16 Defendant,

17  
18 METROPOLITAN LIFE INSURANCE  
COMPANY,

19 Real Party in Interest.  
20

CASE NO. C08-01941

PROOF OF SERVICE  
SUMMONS IN A CIVIL ACTION

21  
22 I declare under penalty of perjury that I mailed the summons and complaint in this  
23 case on April 16<sup>th</sup>, 2008 by certified mail with a requested return receipt in accordance with CCP  
24 415.40.

25 Attached are the executed return receipts as addressed to each defendant.

26  
27 Dated: April 28, 2008

28   
Susan A. Pope - Legal Assistant

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DELOITTE + TOUCHE LLP PLAN  
1633 BROADWAY  
NY, NY 10019-6754

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
if YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-Z-0985

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

METROPOLITAN LIFE INS. CO.  
ONE MADISON AVE.  
NEW YORK, NY 10010

2. Article Number  
(Transfer from service label)

PS Form 3811, August 2001

MINTON

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

F Green

☐ Agent☒ Addressee

B. Received by (Printed Name)

F Green

C. Date of Delivery

4/22/08

D. Is delivery address different from item 1? ☐ Yes  
if YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2ACPRI-03-Z-098